

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of Inspiration

Town of Inspiration

or

City of Donald, Daniel

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135

County Registrar No. 720

Local Registrar No. 720

No. 86 Inspiration Ariz  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Mc Gregor

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth July 13, 1926  
Month Day Year

5. No., in order of birth

8. FATHER

Full name Roy Mc Gregor

9. Residence (Usual place of abode) Inspiration, Ariz.

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Nebraska  
(State or country)

13. Occupation

Nature of industry

Sheet metal worker

14. MOTHER

Full maiden name Mabel Jones

15. Residence (Usual place of abode) Inspiration, Ariz.

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Enterprise, Indiana  
(State or country)

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead no

(c) Stillborn no

21. Were precautions taken against ophthalmia neonatorum?

1% Silver Nitrate

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:20 P. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Thomas W. Woodman, M.D.  
(Physician or midwife)

Address Inspiration, Arizona

Given name added from a supplemental report

Month, day, year

Filed July 21, 1926 Le E. Dinn  
Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

449-713-412